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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/725,297
	Filing Date	December 1, 2003
	First Named Inventor	James D. Ralph
	Art Unit	3738
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	SPINE 3.0-446 CIP II CONT

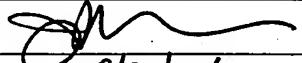
I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 000530 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 000530**OR**

<input type="checkbox"/> Firm or Individual Name	Joseph P. Errico
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Address			
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Joseph P. Errico, SpineCore, Inc.		
Signature			
Date	9/21/04	Telephone	908-522-3460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.